

Group Counseling for Adolescents:

Knowledge and Techniques for Effective Group
Leadership

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About Your Trainer

- CMHC-Northkey (2005-2013)
- Private Practice-Currently
 - MFLC-Currently
 - AMSR Presenter
- InteractiveCETraining, LLC

Introductions: Who is in the room?



Learning Objectives:

- 1) Participant will receive an overview of effective group leadership
- 2) Participant will learn techniques/models to use in group
- 3) Participant will learn the importance of establishing, holding, and deepening a groups' focus
- 4) Participant will learn basic and advanced leadership skills for planning & implementing a group
- 5) Participant will learn group leadership, concepts, and techniques

Let's start with ground rules

- Begin and end sessions and breaks on time
- Respect others and their opinions
- Allow one person to speak at a time
- Maintain confidentiality
- Participate in each training session
- Have fun

Effective group leadership

- Discuss the use of group therapy in adolescent substance abuse treatment
- Define five group therapy models used in substance abuse treatment
- Explain the advantages of group therapy
- Modify group therapy to treat substance abuse

Five frequently used group therapy models in substance abuse treatment

- Psychoeducational groups teach about substance abuse
- Skills development groups help members hone skills necessary to break free of addiction
- Cognitive–behavioral groups encourage members to rearrange patterns of thinking and action that lead to addiction
- Support groups provide a forum where members can debunk excuses and support constructive change
- Interpersonal process groups enable members to re-create their past and rethink problems and solutions that led to their substance abuse

Advantages of Groups

- Provide positive peer support and pressure for abstinence from substances of abuse
- Reduce the sense of isolation that most people who have substance use disorders experience
- Enable members who abuse substances to witness the recovery of others.
- Enable members to witness the recovery of other
- Members see how others deal with similar problems

Advantages of Groups (continued)

- Provide information to clients new to recovery
- Provide feedback on group members' values and abilities
- Offer family-like experiences
- Coach, support, encourage and reinforce

Modifying Groups to Treat Substance Abuse

- Specific training and education so that they fully understand therapeutic group work and the special characteristics of clients with substance use disorders
- Clear understanding of each group member's defensive process and character dynamics
- Adaptations to meet the realities of treating clients with substance use disorders

Take Home Points

- Groups are effective because they can reducing isolation and enable members to witness the recovery of others; qualities which draw clients into a culture of recovery
- Leaders need specialized training to understand that principles of group therapy need to be tailored to meet the realities of treating clients with substance use disorders

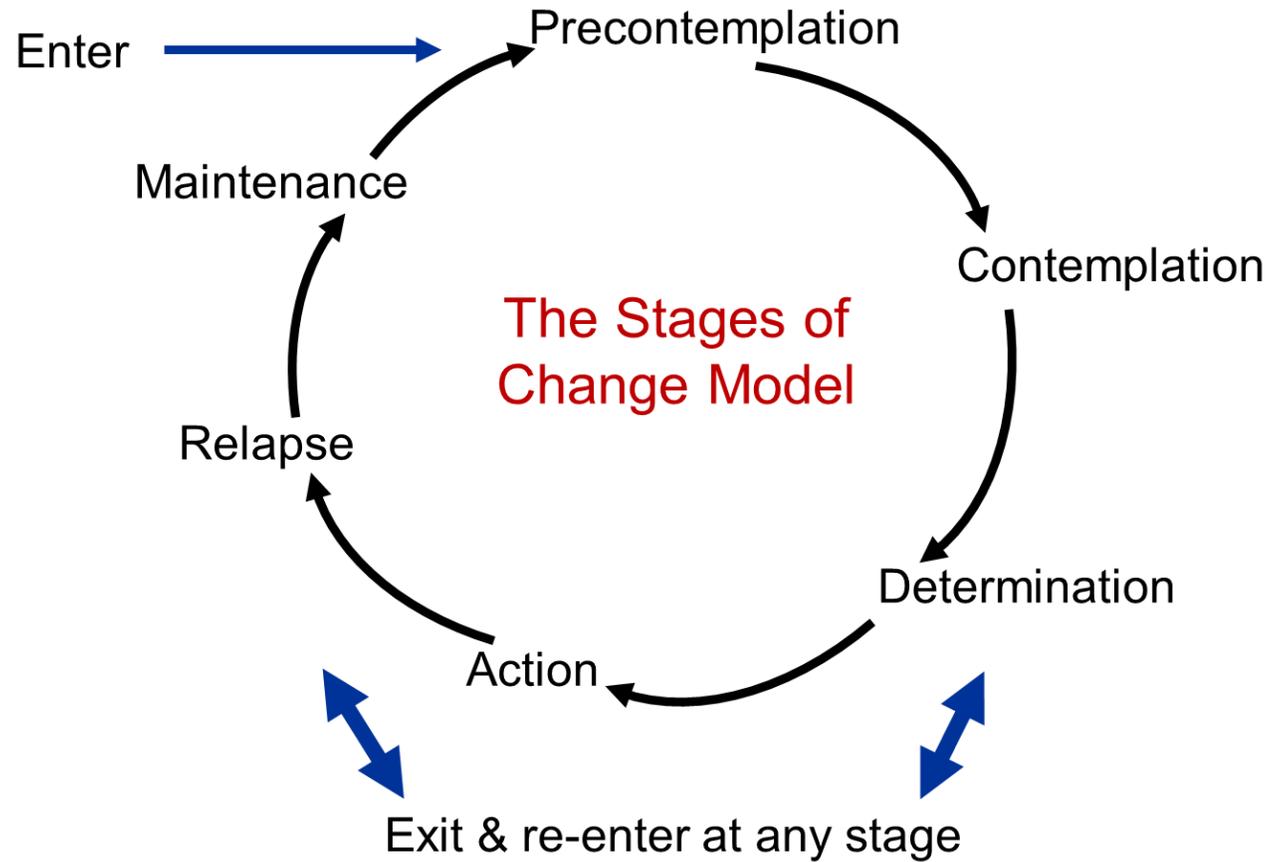
2) Techniques/models to use in group

Learning Objectives

- Explain the stages of change
- Describe the five group therapy models used in substance abuse treatment
- Discuss the three specialized group therapy models used in substance abuse treatment

Stages of Change

Prochaska and DiClemente



Five Models of Group Therapy

- Psychoeducational groups
- Skills development groups
- Cognitive–behavioral/problem solving groups
- Support groups
- Interpersonal process groups

Variable Factors in Groups

- Group or leader focus
- Specificity of the group agenda
- Heterogeneity and homogeneity of group members
- Open ended or determinate duration of treatment
- Level of leader activity
- Training required for the group leader
- Duration of treatment and length of each session
- Arrangement of room

Psychoeducational Groups: Purpose

- Assist individuals in the pre-contemplative and contemplative stages of change
- Help clients in early recovery learn about their disorder
- Provide family members with an understanding of the behavior of the person in recovery
- Advise clients about other resources and skills that can help in recovery

Psychoeducational Groups: Principle Characteristics

- Work to engage participants in the group discussion and prompt them to relate what they learn to their own substance abuse.
- Are highly structured and often follow a manual or curriculum. The leader usually takes a very active role in discussions

Psychoeducational Groups: Leadership Skills and Styles

- Understand basic group process
- Understand interpersonal relationship dynamics
- Have basic teaching skills
- Have basic counseling skills and a few advanced counseling skills

Psychoeducational Groups: Techniques

- Foster an environment that supports participation
- Encourage participants to take responsibility for their learning
- Use a variety of learning methods that require sensory experiences
- Are mindful of cognitive impairments caused by substance use

Skills Development Groups :

Purpose

- Cultivate skills people need to achieve and maintain abstinence
- Assume clients lack needed life skills
- Allow clients to practice skills. Clients see how others use the skills and receive positive reinforcement from the group when skills are used effectively
- May be either directly related to substance use or may apply to broader areas relevant to recovery

Skills Development Groups: Principle Characteristics

- Have a limited number of sessions and a limited number of participants. The group must be small enough to allow members to practice the skills being taught
- Strengthen behavioral and cognitive resources
- Focus on developing an information base on which decisions can be made and actions taken

Skills Development Groups: Leadership Skills and Styles

- Need basic group therapy knowledge and skills
- Know and can demonstrate skills that clients are trying to develop
- Are aware of the different ways people approach issues and problems

Skills Development Groups: Techniques

- Vary depending on the skills being taught
- Are sensitive to clients' struggles
- Hold positive expectations for change and do not shame individuals who seem overwhelmed
- Depend on the nature of the group, topic, and approach of the group leader

Cognitive Behavioral Groups: Purpose

- Conceptualize dependence as a learned behavior that is subject to modifications through various interventions
- Conceptualize dependence as a learned behavior that is subject to modifications through various interventions
- Develop social networks that support continued abstinence so that the person with dependence becomes aware of behaviors that may lead to relapse and develops strategies to continue in recovery
- Include a number of different psychological elements, i.e., thoughts, beliefs, decisions, opinions, and assumptions

Cognitive Behavioral Groups: Principle Characteristics

- Provide a structured environment within which group members can examine the behaviors, thoughts, and beliefs that lead to maladaptive behaviors
- Sometimes follow a treatment manual that provides specific protocols for intervention techniques
- Emphasize structure, goal orientation, and a focus on immediate problems
- Use educational devices
- Encompass a variety of methodological approaches that focus on changing cognition and the behavior that flows from it

Cognitive Behavioral Groups: Leadership Skills and Styles

- Teach group members about self-destructive behavior and thinking that lead to maladaptive behavior
- Focus on problem-solving and short- and long-term goal setting
- Help clients monitor feelings and behavior, particularly those associated with substance use

Support Groups: Purpose

- Are useful for apprehensive clients who are looking for a safe environment
- Bolster members' efforts to develop and strengthen their ability to manage thinking and emotions and to improve interpersonal skills as they recover from substance abuse
- Address pragmatic concerns
- Improve members' self-esteem and self-confidence

Support Groups: Principle Characteristics

- Often are open ended, with a changing population of members
- Encourage discussion about members' current situations and recent problems
- Provide peer feedback and require members to be accountable to one another

Support Groups: Leadership Skills and Styles

- Need solid grounding in how groups grow and evolve and the ways in which people interact and change in groups
- Have a theoretical framework in counseling (e.g., cognitive–behavioral therapy) that informs their approach to support group development, goals for group members, guidance of interactions, and implementation of interventions
- Build connections among members and emphasize what members have in common
- Are usually less directive than they are for other types of groups
- Provide positive reinforcement, model appropriate interactions, respect individual

Support Groups: Techniques

- Vary with group goals and members' needs
- Facilitate discussion among members, maintain appropriate group boundaries, help the group work through obstacles and conflicts, and provide acceptance of and regard for members
- Ensure that interpersonal struggles among group members do not hinder the development of the group or any members

Interpersonal Process Groups: Purpose

- Recognize that conflicting forces in the mind, some of which may be outside one's awareness, determine a person's behavior, whether healthful or unhealthful
- Address developmental influences, starting in early childhood, and environmental influences, to which people are particularly vulnerable because of their genetic and other biological characteristics

Interpersonal Process Groups: Principle Characteristics

- Delve into major developmental issues, searching for patterns that contribute to addiction or interfere with recovery
- Use psychodynamics, or the way people function psychologically, to promote change and healing
- Rely on here-and-now interactions of members

Interpersonal Process Groups: Leadership Skills and Styles

- Focus on the present, noticing signs of people re-creating their past in what is going on between and among members of the group. For example, if a person has a problem with anger, this problem eventually will be reenacted in the group
- Monitor how group members relate to one another, how each member is functioning psychological or emotionally, and how the group is functioning

Interpersonal Process Groups: Techniques

- Vary depending on the type of process group and the developmental stage of the group
- Are based on the needs of group members and the needs of the group as a whole
- Require a high degree of understanding about and insight into group dynamics and individual behavior

3 Specialized Groups

- Relapse prevention groups
- Communal and culturally specific groups
- Expressive groups (art therapy, dance, psychodrama)

Relapse Prevention Groups: Purpose and Characteristics

- Help clients maintain their recovery by providing them with skills to identify and manage high-risk situations
- Upgrade the clients' abilities to manage risky situations and stabilize clients' lifestyles through changes in behavior
- Focus on activities, problem-solving, and skills building
- Increase clients' feelings of self-control.
- Explore the problems of daily life and recovery

Relapse Prevention Groups: Leaders and Techniques

- Monitor client participation for risk of relapse, signs of stress, and need for a particular intervention
- Know how to handle relapse and help the group work through such an event in a nonjudgmental, non-punitive way
- Understand the range of consequences clients face because of relapse
- Draw on techniques used in cognitive–behavioral, psychoeducational, skills development, and process-oriented groups

Communal and Culturally Specific Groups

- Build personal relationships with clients before turning to treatment tasks.
- Can be integrated into a therapeutic group.
- Show respect for a culture and its healing practices.

Leaders:

- Strive to be culturally competent, avoid stereotypes, and allow clients to self-identify
- Are aware of cultural attitudes

Expressive Groups

- Foster social interaction as group members engage in a creative activity
- Help clients explore their substance abuse, its origins (e.g., trauma), the effect it has had on their lives, and new options for coping
- Depend on the form of expression clients are asked to use

Expressive Groups: Leaders

- Need to be trained in the specific modality being used (e.g., art therapy, drama therapy)
- Can recognize signs related to histories of trauma and can help clients find the resources they need to work through powerful emotions
- Are sensitive to a client's ability and willingness to participate in the activity

Take Home Points

- The client's stage of change dictates which group models and methods are appropriate at a particular time
- Theoretical orientations have an impact on the tasks the group is trying to accomplish, what the group leader observes and responds to in group, and the types of interventions that the group leader initiates. Before a group model is used in treatment, the group leader and treatment program should decide on the theoretical framework to be used. Each group model requires different actions from the group leader. Because most treatment programs offer a variety of groups for substance abuse treatment, it is important that these models be consistent with clearly defined theoretical approaches

3) Establishing, Holding, and Deepening a Groups' Focus

- The importance of making clinical adjustments in the group therapy
- The three stages of treatment
- The conditions of the early, middle, and late stages of treatment
- Leadership characteristics in the early, middle, and late stages of treatment

Three Stages of Treatment

- In the early stage of treatment, strategies focus on immediate concerns
- In the middle stage of treatment, clients recognize that their substance abuse causes many of their problems and blocks them they want
- In the last stage of treatment, identify the treatment gains to be maintained and risks that remain

Condition of Clients in the Early Stage of Treatment

- Some enter treatment because of health problems
- Others begin treatment because they are referred or mandated by the criminal justice system, employers, or family members
- Group members commonly are in extreme emotional turmoil

Therapeutic Factors in Early Stage of Treatment

- Instilling hope
- Universality
- Imparting information
- Altruism
- Corrective recapitulation of the primary family group
- Developing socializing techniques
- Imitative behavior
- Interpersonal learning
- Group cohesiveness
- Catharsis
- Existential factors

Leaders in Early Stage of Treatment

- Stress that clients have some things in common
- Are spontaneous and engaging
- Focus on helping members:
 - achieve abstinence
 - prevent relapse
 - learn ways to manage cravings

Condition of Clients in Middle Stage of Treatment

- Experience some stability
- Emotions of anger, sadness, terror, and grief may be expressed more appropriately
- Clients need to use the group as a means of exploring their emotional and interpersonal world

Therapeutic Strategies in Middle Stage of Treatment

- Cognitive–behavioral interventions can provide specific tools to help modulate feelings and to express and explore those feelings
- Interpersonal process groups are particularly helpful

Leaders in Middle Stage of Treatment

- Helps group members see how their continued use of drugs or alcohol interferes with what they want to get out of life
- Support the process of change by drawing attention to new and positive developments
- Assess the degree of structure and connection they need as recovery progresses

Condition of Clients in Late Stage of Treatment

- Clients work to sustain the achievements of previous stages
- Clients may be able to discover and acknowledge that some of the goals they set are unrealistic, certain strategies are ineffective, and environments deemed safe are not at all conducive to successful recovery
- Significant underlying issues often emerge (i.e., poor self-image, relationship problems, the experience of shame, or past trauma)

Therapeutic Strategies in Late Stage of Treatment

- The focus of group interaction broadens
- A process-oriented group may become appropriate for some clients who can confront painful realities
- The group can be used to settle difficult and painful old business

Leaders in Late Stage of Treatment

- The leader shifts toward interventions that call on clients to take a clear-headed look at their inner world and system of defenses
- Late-stage interventions permit more intense exchanges
- The leader allows clients to experience enough anxiety and frustration to identify destructive and maladaptive patterns

Take Home Points

- Therapeutic strategies change as clients move through the different stages. Interventions that worked well early in treatment may be ineffective and even harmful later in treatment. Stages of recovery and stages of treatment will not correspond perfectly for all people. Clients move in and out of recovery stages in a nonlinear process.
- Adjustments in treatment are needed because progress through the stages is not time bound. There is no way to calculate how long an individual will require to resolve the issues that arise in any stage of recovery.
- The leader can support the process of change by drawing attention to new and positive developments and affirming the possibility of increased connections and new sources of satisfaction. The leader helps individuals assess the degree of structure and connection they need as recovery progresses.

4) Leadership Skills for Planning & Implementing a Group

- Match clients with substance abuse treatment groups.
- Assess clients' readiness to participate in group therapy.
- Determine clients' needs for specialized groups.

Planning a Group Begins With Matching Clients With a Group

- The client's characteristics, needs, preferences, and stage of recovery
- The program's resources
- The nature of the group or groups available
- The client's ethnic and cultural experiences

Assessing Client Readiness For a Group

- Start with a thorough assessment
- Inquire about all drugs used, ask about social network and experiences with groups
- Obtain information from observation, collateral resources, and assessment instruments
- Pay careful attention to a client's relationships at the current stage of recovery
- Recognize when an individual is not suited for a particular group approach or group

Clients May be Inappropriate for Group Therapy

- Clients who refuse to participate
- Clients who cannot honor group agreements
- Clients who are unsuitable for group therapy
- Clients in the throes of a life crisis
- Clients who cannot control impulses
- Clients whose defenses would clash with the dynamics of the group
- Clients who experience severe internal discomfort in groups

Primary Placement Considerations

- Women
- Adolescents
- Level of interpersonal functioning
- Motivation to abstain
- Stage of recovery
- Expectation of success

Diversity in a Broad Sense

Definition: Differences that distinguish an individual from others and that affect how an individual identifies himself or herself and how others identify him or her

Includes age, gender, cultural background, sexual orientation, ability level, social class, education level, spiritual background, parental status, and justice system involvement

Culturally Responsive Group Leaders

- Aware that these roles may conflict with treatment requirements
- Anticipate a particular group's characteristics without automatically assigning them to all individuals in that group
- Should be open and ready to learn all they can about their clients' cultures
- Conscious of how their own backgrounds affect their ability to work with particular populations

Diversity and Placement

- Address the substance use problem in a manner that is congruent with the client's culture
- Appreciate that particular cultures use substances at specified social occasions
- Assess the behaviors and attitudes of current group members to determine whether a new client would match the group
- Understand personal biases and prejudices about specific cultural groups

Four Processes Within Multiethnic Groups

- Symbolism and nonverbal communication
- Cultural transference of traits from one person of a certain culture to another person of that culture
- Cultural countertransference, the group leader's emotional reaction to a client
- Ethnic prejudice

Preparing Group for a New Member

- Inform members in advance that people from a variety of racial and ethnic backgrounds will be in the group
- Discuss the differences at appropriate times in a sensitive way to provide an atmosphere of openness and tolerance
- Set the tone for an open discussion of differences in beliefs and feelings

Preparing Group for a New Member (continued)

- Help clients adapt to and cope with prejudice in effective ways, while maintaining their self-esteem
- Integrate new clients into the group slowly, letting them set their own pace
- When new members start to make comments about others or to accept feedback, encourage more participation

Other Considerations

- Expectations of leaders
- Experience in decision making and conflict resolution
- Understanding of gender roles, families, and community
- Values

Take Home Points

- Placement choices are constantly subject to change. Clients may need to move to different groups as they progress through treatment, encounter setbacks, or become more or less committed to recovery. A client can move from a psychoeducational group to a relapse prevention group to an interpersonal process group. The client can also participate in more than one group at the same time.
- Ethnic and cultural diversity issues take on added importance in a therapeutic group composed of many different kinds of people. As group therapy proceeds, feelings of belonging to an ethnic group can be intensified more than in individual therapy because in the group process the individual may engage many peers who are different, not just the counselor who is different.

5) Group Leader Characteristics, Concepts, and Techniques

- Discuss the characteristics of group leaders
- Describe concepts and techniques for conducting substance abuse treatment group therapy

Leader's Choice

- How much leadership to exercise
- How to structure the group
- When to intervene
- How to effect a successful intervention
- How to manage the group's collective anxiety
- The means of resolving numerous other issues

A Leader's Personal Qualities

- Constancy
- Active listening
- Firm identity
- Confidence
- Spontaneity
- Integrity
- Trust
- Humor
- Empathy
 - Communicates respect & acceptance
 - Encouraging
 - Supportive
 - Knowledgeable
 - Compliments
 - Two ears, one mouth
 - Respects client's decision
 - Consistent throughout treatment

Leading Groups

- Therapeutic styles vary to meet the needs of clients
- Leaders model behavior
- Leaders can be co-therapists
- Leaders are sensitive to ethical issues
 - Overriding group agreement
 - Informing clients of options
 - Preventing enmeshment
 - Acting in each client's best interest

Leading Groups (continued)

- Leaders handle emotional contagion
 - Protect individuals
 - Protect boundaries
 - Regulate affect
- Leaders work within professional limitations
- Leaders ensure flexibility in clients' roles
- Leaders avoid role conflict

Leading Groups (continued)

- Leaders improve motivations when:
- Members are engaged at the appropriate stage of change.
- Members receive support for change efforts.
- The leader explores choices and their consequences with members.
- The leader communicates care and concern for members.
- The leader points out members' competencies.
- Positive changes are noted in and encouraged by the group.

Leading Groups (continued)

- Leaders roll with resistance
- Leaders protect against boundary violations
- Leaders help cool down affect
- Leaders encourage communication within the group
- Leaders maintain a safe, therapeutic setting:
 - Emotional aspects of safety
 - Substance use
 - Boundaries and physical contact

Interventions

- Help a client connect
- Discover connections between the use of substances and inner thoughts and feelings
- Understand attempts to regulate feelings and relationships
- Build coping skills
- Perceive the effect of substance use on one's life
- Notice meaningful inconsistencies among thoughts, feelings, and behavior
- Perceive discrepancies

Avoiding a Leader Centered Group

- Build skills in members; avoid doing for the group what it can do for itself
- Encourage the group to learn the skills necessary to support and encourage one another
- Refrain from over responsibility for clients. Clients should be allowed to struggle with what is facing them

Confrontation

- Can have an adverse effect on the therapeutic alliance and process
- Can point out inconsistencies such as disconnects between behaviors and stated goals
- Can help clients see and accept reality, so they can change accordingly

Transference and Countertransference

- Transference- The client project parts of important past relationships into present relationships
- Countertransference is the leader's emotional response to a group member's transference:
 - Feelings of having been there
 - Feelings of helplessness
 - Feelings of incompetence because of unfamiliarity with culture and jargon

Resistance

- Resistance arises as a client's subconscious defense to protect himself or herself from the pain of self-examination and change
- Effective leaders welcoming the resistance as an opportunity to understand something important for the client or the group
- Leaders may have contributed to the resistance
- Efforts need to be made to understand the problem

Confidentiality

- Strict adherence to confidentiality regulations builds trust
- Leaders should warn clients that what they say in group may not be kept strictly confidential
- Violations of confidentiality among members should be managed in the same way as other boundary violations

Integrating Care

- **Integrations with other healthcare professionals.**
Professionals in the healthcare network need to be aware of the role of group therapy.
- **Integrations of group therapy and other forms of therapy.**
Clinicians should coordinate the treatment plan, keeping important interpersonal issues alive in both settings.
- **Medication knowledge base.**
Leaders should be aware of medication needs of clients, the types of medications prescribed, and side effects.

Handling Conflict

- Conflict is normal
- Handling anger, developing empathy for a different viewpoint, managing emotions, and working through disagreements respectfully are major tasks
- The leader facilitates interactions between members in conflict and calls attention to subtle, unhealthy patterns
- Conflicts that appear to scapegoat a group member are actually misplaced anger that a member feels toward the group leader

Subgroup Management

- Subgroups inevitably will form
- Subgroups can provoke anxiety, especially when a therapy group comprises individuals who were acquainted before becoming group members
- Subgroups are not always negative

Responding to Disruptive Behavior

- Clients who cannot stop talking
- Clients who interrupt
- Clients who flee a session

Contraindications for Continued Participation in a Group

- Sometimes, clients are unable to participate in ways consistent with group agreements
- Removing someone from group is serious and should never be done without careful thought and consultation
- The leader makes the decision and explains to the group why the action was taken
- Members are allotted time to work through their responses

Managing Common Problems

- Coming late or missing sessions
- Silence
- Tuning out
- Participating only around the issues of others
- Fear of losing control
- Fragile clients with psychological emergencies
- Anxiety and resistance after self-disclosure

Take Home Points

- An effective leader uses the same skills, qualities, styles, and approaches needed in any kind of therapeutic group. The particular personal and cultural characteristics of the clients in the group also influence the leader's tailoring of therapeutic strategies to fit the particular needs of the group
- One of the feelings that the leader needs to empathize with is shame, which is common among people with substance use histories. Shame is so powerful that it should be addressed whenever it becomes an issue
- Group therapy with clients who have histories of substance abuse requires active, responsive leaders who keep the group lively and on task and ensure that members are engaged continuously and meaningfully with one another